

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038536

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 169

FILED OCT 8 1963

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) Marshall		c. CITY OR TOWN Raymondville	
Length of stay in 1b 4 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marshall State School & Hosp., Marshall, Mo.		d. STREET ADDRESS (If outside, give location) ---	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Noel Hayden Creek		4. DATE OF DEATH Oct. 1, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-8-1941
9. AGE (last birthday) 21 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient		10b. KIND OF BUSINESS OR INDUSTRY ---	
11. BIRTHPLACE (City and state or country) West Plains, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Elvie H. Creek		13b. MOTHER'S MAIDEN NAME Aleda Foulk	
14. NAME OF HUSBAND OR WIFE ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	
17. INFORMANT Records of Marshall State School & Hosp., Marshall, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line or per part, and only one cause per part) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mental retardation due to birth injury		INTERVAL BETWEEN ONSET AND DEATH Since birth	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 9-28-1959 to 10-1-1963 and last saw him alive on 9-30-1963 Death occurred at 7:20 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. B. Day, M. D.		22b. ADDRESS Marshall State School & Hosp., Marshall, Mo.	22c. DATE SIGNED 10-1-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-1-1963	23c. NAME OF CEMETERY OR CREMATORY Houston, Mo.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Evans Funeral Home Houston, Mo.	25. DATE RECD. BY LOCAL REG. 10-1-63	26. REGISTRAR'S SIGNATURE Carl A. Reed	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Phillip L. Smith

Licensed Embalmer No. 5163

P. O. Address

Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.